Indiana Family and Social Services Administration Division of Mental Health and Addiction

Habilitation Services Provider Certification

Name o	f Ager	Date:
Yes [No	CMHC that is certified by the Division of Mental Health and Addiction (DMHA).
Yes [No	Approved accreditation by a nationally recognized accrediting body. Please circle all that apply: AAAHC, COA, URAC, CARF, ACA, JCAHO, or NCQA
The age	ency's	individual or an individual provider must meet the following requirements:
Name o Yes	f Indiv No	vidual: Date:
		At least 21 years of age; attach copy of picture identification card
		High school diploma or equivalent; attach copy of diploma or equivalent Name of school or agency where completed: Date of completion:
		Three years paid or personal experience with children with SED/youth with serious mental illness Dates of experience: Type of experience:
		Completion of DMHA approved training program on the following topics: Introduction to System of Care values and philosophy – Date completed: Name of Training: Name of person or agency that provided training:
		Participation on a Child and Family Team or Training on same subject—Date completed: Name of Training or Facilitator observed: Name of person or agency that provided training:
		Supervised by QMHP Name of QMHP Supervising:
		Participation in child-family team meetings Dates of two team meetings person has participated:

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		State and local criminal background screens Attach copy of screen		
		State and local Child Protective Services registry screens Attach copy of screen		
		Drug screen Attach copy of screen		
Please submit this form and copies of required documentation to the CA-PRTF Team at DMHA. Agencies are expected to maintain documentation of employee's qualifications on site and have copies available when DMHA staff complete audits.				
		consible for verifying individual or agency meets the above qualifications with annual me of re-accreditation.		